CP, YP, YA, YX

O1a. That concludes this interview. In case I need to contact you again to verify some   information; what is your name, address and the best telephone number with which to reach you?

Esto concluye esta entrevista. En caso que tenga que comunicarme con Ud.
Para verificar alguna información. ¿Cuál es su nombre y apellido, dirección, y
*   el*
mejor número de teléfono para' ponerme en contacto con Ud.?

NAME:_____

 STREET ADDRESS: _____

 CITY/STATE: _____ ZIP CODE: _____

 TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
                                 AREA CODE

DON'T KNOW .... d
REFUSED .... r

CP, YP, YA, YX

O1b. What is the name and address of the person to whom we should send the $10.00 (FILL "CHECK" IF INCENTIVE TYPE=01; FILL " DEBIT CARD" IF   INCENTIVE TYPE=02; FILL " PHONE CARD" IF INCENTIVE TYPE=03)?

¿Cuál es el nombre y apellido, y la dirección de la persona a quien debemos
enviar (FILL "EL CHEQUE POR $10.00" IF INCENTIVE TYPE = 01; FILL "LA
TARJETA DE DÉBITO DE $10.00" IF INCENTIVE TYPE = 02; FILL "LA
TARJETA TELEFÓNICA DE $10.00" IF INCENTIVE TYPE = 03)?

NAME:_____

 STREET ADDRESS: _____

 CITY/STATE: _____ ZIP CODE: _____

 TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
                                 AREA CODE

DON'T KNOW .... d
REFUSED .... r

O1C.   (SKIP TO O2 IF INCENTIVE TYPE = 02 OR 03)   And would you like the check

made out to you or someone else?

(SKIP TO O2 IF INCENTIVE TYPE = 02 OR 03) Y quiere que extendamos el cheque a su favor o a favor de alguien más?

MAKE CHECK OUT TO NAME BELOW........... 01→ *Go to O2*
MAKE CHECK OUT TO DIFFERENT
PERSON 02
DON'T KNOW .... d
REFUSED .... r

NAME:_____

O1d.   What is that person's address and telephone number?

¿Cuál es la dirección y el número de teléfono de esa persona?

STREET ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____
TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
                                        AREA CODE

DON'T KNOW .... d
REFUSED .... r

O2.   Finally, in about two years the Social Security Administration may wish to contact you again to follow-up with (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) health and other circumstances. In case we have trouble reaching you, what is the name, address and phone number of two close relatives or friends who are likely to know (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) location in the future?

Finalmente, en unos dos años la Administración del Seguro Social (Social Security Administration) quizás quierá comunicarse con Ud. para un seguimiento de (FILL "LA SALUD DE NAME" IF RTYPE = 01,03; "SU SALUD" IF RTYPE = 02) y otras circunstancias. En caso de que tengamos dificultad en contactarlo(a) ¿cuáles son los nombres, direcciones, y números de

teléfono de dos parientes cercanos o amigos íntimos que probablemente sepán dónde se encontrará (FILL "NAME" IF RTYPE = 01,03; "UD." IF RTYPE = 02) en el futuro?

CONTACT PERSON 1

NAME:_____

  STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
                                AREA CODE

NO CONTACT PERSON 01

DON'T KNOW .... d

REFUSED .... r

How is that person related to (FILL "NAME" IF RTYPE = 01,03; "YOU" IF RTYPE = 02), if at all?

¿Cuál es el parentesco de esa persona con (FILL "NAME" IF RTYPE = 01,03; "YOU" IF RTYPE = 02) si es que lo hay?

MOTHER (BIOLOGICAL OR ADOPTIVE) 02

FATHER (BIOLOGICAL OR ADOPTIVE) 03

STEP-PARENT OF (NAME) 04

FOSTER PARENT OF (NAME) 05

UNMARRIED PARTNER OF PARENT 06

GRANDPARENT OF (NAME) 07

BROTHER/SISTER (NATURAL/STEP) OF

(NAME) 08

AUNT/UNCLE OF (NAME) 09

(NAME'S) SPOUSE 10

OTHER RELATIVE OF (NAME)

(SPECIFY IN QUESTION) 15

NOT RELATED (SPECIFY IN QUESTION) 16

STAFF AT RESIDENCE 17

DON'T KNOW .... d

REFUSED .... r

CONTACT PERSON 2

NAME:_____

STREET ADDRESS: _____

   CITY/STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
                        AREA CODE

NO CONTACT PERSON 01

DON'T KNOW .... d

REFUSED .... r

How is that person related to (FILL "NAME" IF RTYPE = 01, 03; "YOU" IF RTYPE = 02), if at all?

MOTHER (BIOLOGICAL OR ADOPTIVE) 02

FATHER (BIOLOGICAL OR ADOPTIVE) 03

STEP-PARENT OF (NAME) 04

FOSTER PARENT OF (NAME) 05

UNMARRIED PARTNER OF PARENT 06

GRANDPARENT OF (NAME) 07

BROTHER/SISTER (NATURAL/STEP) OF

(NAME) …………………………………………08

AUNT/UNCLE OF (NAME) ………………………09

(NAME'S) SPOUSE 10

OTHER RELATIVE OF (NAME)

(SPECIFY IN QUESTION) 15

NOT RELATED (SPECIFY IN QUESTION)…….16

STAFF AT RESIDENCE 17

DON'T KNOW .... d

REFUSED .... r

THANK YOU VERY MUCH!
MUCHAS GRACIAS!

Record stop time.
INTERVIEWER OBSERVATIONS: (DO NOT READ)

O-5

O3.   Who was the respondent to this interview?

Code only one

PARENT/GUARDIAN OF (NAME) .... 01→ *Go to O7*
NAME HIMSELF/HERSELF .... 02→ *Continue*
PROXY FOR NAME .... 03→ *Go to O5*

O4.   Was the respondent assisted by anyone during this interview? That is, did anyone help the respondent in interpreting the questions or giving answers?

YES .... 01→ *Continue*
NO .... 02→ *Go to O7*

O5.   How is the assistant/proxy related to (NAME)?

If more than one assistant or proxy, indicate the relationship of the one you consider to be the main assistant or proxy.

MOTHER (BIOLOGICAL OR ADOPTIVE) 02
FATHER (BIOLOGICAL OR ADOPTIVE) 03
STEP-PARENT OF (NAME) 04
FOSTER PARENT OF (NAME) 05
UNMARRIED PARTNER OF PARENT 06
GRANDPARENT OF (NAME) 07
BROTHER/SISTER (NATURAL/STEP) OF
(NAME) ……………………………………………08
AUNT/UNCLE OF (NAME) ………………………09
(NAME'S) SPOUSE 10
(NAME'S) CHILD 11
FOSTER CHILD LIVING WITH FAMILY 12
HOUSEMATE/ROOMATE/FRIEND 13
ROOMATE/BOARDER 14
OTHER RELATIVE OF (NAME)
(SPECIFY IN QUESTION) 15
OTHER NON-RELATIVE
(SPECIFY IN QUESTION) …………………………16
STAFF AT RESIDENCE 17
DON'T KNOW .... d
REFUSED .... r

O6.　Why was an assistant/proxy needed?

Code all that apply

(NAME) DIDN'T KNOW HOW TO ANSWER SOME QUESTIONS	01
(NAME) HOSPITALIZED	02
(NAME) INSTITUTIONALIZED	03
(NAME) HAS HEARING PROBLEM	04
(NAME) HAS SPEECH PROBLEM	05
(NAME) HAS LANGUAGE PROBLEM	06
(NAME) HAS POOR MEMORY OR CONFUSION	07
(NAME) HAS OTHER MENTAL CONDITION	08
(NAME) HAS PHYSICAL ILLNESS OR DISABILITY	09
OTHER NON-HEALTH RELATED REASON (SPECIFY)	10
_____	
DON'T KNOW	d

O7.　Do you feel the respondent was intellectually capable of responding?

YES	01
NO	00
DON'T KNOW	d

O8.　Do you feel the respondent's answers were reasonably accurate?

YES	01
NO	00
DON'T KNOW	d

O9.　Do you feel the respondent understood the questions?

YES	01
NO	00
DON'T KNOW	d

O10.　How tiring did the interview seem to be for the respondent?

VERY TIRING	01
A LITTLE TIRING	00
NOT TIRING	d

O11. Did the respondent have difficult hearing you during the interview?

        YES 01
        NO .... 00 → *End Interview*
        DON'T KNOW .... d → *End Interview*

CP, YP, YA, YX

O12. Do you feel the respondent's hearing difficulty affected the interview?

        YES 01
        NO 00
        DON'T KNOW .... d